

## GROUP INSURANCE COMMISSION FY16 NON-MEDICARE PLAN BENEFIT COMPARISON FFRRUARY 13, 2015

## FY16 NON-MEDICAKE PLAN BENEFIT COMPARISON FEBRUARY 13, 2015

Gray Column represents current FY15 design. White Column represents FY16 design.

Non-Medicare Fully Insured Plans

Tier 3	Tier 2 N	Tier 1	ি \$15 copay	Retail Clinic (deductible does NOT apply)		ER (copay and deductible apply)	Tier 3	Tier 2	Tier 1 \$25	Specialist Office Visit (deductible does NOT apply)	Tier 3 No	Tier 2	Tier 1 \$15	PCP Office Visit (deductible does NOT apply)	Individual/Family \$25	Deductible	Health Plan	
No tiering	No tiering	\$200 per Admission	\$15 copay	does NOT app	\$100-copay	e apply)	No tiering	No tiering	\$25_per_visit	ductible does	No tiering	No tiering	\$15 per visit	ole does NOT	\$250/\$750		FY15	Fallon
No tiering	No tiering	\$275 per Admission	\$15 copay ductible apply)	oly)	\$100 copay		\$90 per visit	\$60 per visit	\$30 per visit	NOT apply)	No tiering	No tiering	\$15 per visit	apply)	\$300/\$900		FY16	Fallon Direct Care
\$750 per Admission	\$500 per Admission	.\$250 per Admission	\$20 copay		\$100 copav		-\$45 per visit	\$35 per visit	\$25 per visit		No tiering	No tiering	\$20 per yisit		\$250/\$750		FY15	Fallon Select Care
\$1,500 per Admission	\$500 per Admission	\$275 per Admission	\$20 copay		\$100 copav		\$90 per visit	\$60 per visit	\$30 per visit		No tiering	No tiering	\$20 per visit		\$300/\$900		FY16	Fallon Select Gare
No tienng	No tiering .	\$250 per Admission	\$20 copay		\$100 copay		\$45 per visit	\$35 per visit	\$25 per visit		No tiering	No tiering	\$20 per visit		\$250/\$750		FY15	Health New
No tiering	No tiering	\$275 per admission	\$20 copay		\$100 copay		\$90 per visit	\$60 per visit	\$30 per visit	And the second of the second o	No tiering	No tiering	\$20 per visit		\$300/\$900		FY16	Health New
No tiering	No tiering	\$250 per Admission	\$20 copay		\$100 copay		\$45 per visit	\$35 per visit	\$25 per visit		No tiering	No tiering	\$20 per visit		\$250/\$750-		FY/5	
No tiering	No tiering	\$275 per admission	\$20 copay		\$100 copay	-	\$90 per visit	\$60 per visit	\$30 per visit		No tiering	No tiering	\$20 per visit		\$300/\$900		EYAS;	Neighborhood



Overail	In-Network Out-o		Preventive Services	Tier 2	Tier 1	Outpatient Menta	Tier 3	Tier 2	Tier 1	Pharmacy - Mail	Tier 3	Tier 2	Tier 1	Pharmacy - Reta		Hi Tech Imaging	Tier 2	Tier 1		Outpatient Surge	Health Plan		
\$5,000/\$10,000*	In-Network Out-of-Pocket Maximum	100% Covered	es	No tiering	\$15 per visit	Outpatient Mental Health/Substance Abuse (deductible does NOT apply)	\$110	\$50	\$20	Pharmacy – Mail Order (deductible does NOT apply)	\$50	\$25	\$10	Pharmacy - Retail (deductible does NOT apply)	\$100 copay	Hi Tech Imaging (MRI, PT, CT scans) Maximum of one	No tiering	occurrence	\$110 per	Outpatient Surgery (copay and deductible apply)	FY15	Direct Care	
\$5,000/ \$10,000*		100% Covered		No tiering	\$15 per visit	Abuse (deducti	\$165	\$75	\$25	oes NOT apply)	\$65	\$30	\$10	IOT apply)	\$100 copay	Maximum of on	No tiering	occurrence	\$250 per	tible apply)	FYIO	Direct Care	
\$5,000/ \$10,000*		100% Covered		No tiering	\$20 per visit	ble does NOT ap	\$110	\$50	\$20		\$50	\$25	\$10		\$100 copay	ie copay per day	No tiering	occurrence	\$125 per			Select Care	
\$5,000/ \$10,000*		100% Covered		No tiering	\$20 per visit	ply)	\$165	\$75	\$25		\$65	\$30	\$10		\$100 copay	(copay and de	No tiering	occurrence	\$250 per			Select Care	
\$5,000/ \$10,000*		100% Covered		No tiering	\$20 per visit		\$110	\$50	\$20		\$5∪	\$25	\$10		\$100 copay	copay per day (copay and deductible apply)	No tiering	occurrence	\$110 per			England	Health New
\$5,000/ \$10,000*		100% Covered		No tiering	\$20 per visit		\$165	\$/5	\$25	and the second s	CO#	# #30 # 30	\$10		\$100 copay		No tiering	occurrence	\$250 per				
\$5,000/ \$10,000*		100% Covered		No tiering	\$20 per visit	2015-0- 10-0-10-0-10-0-10-0-10-0-10-0-10-	\$110	900	\$20		0.000	9 A A	\$10		\$100 copay		No tiering	Occurrence	\$110 per			Neighborhood Neighborhood	
\$10,000*	2000	100% Covered		No tiering	\$20 per visit		\$ 100	3 6/0	\$25 \$25		000	\$ 600 \$ 600	6 4 C	7	\$100 copay	*400 0000	Sullan on	No to the	acouper	9300			

<sup>‡</sup> NHP Care will be renamed NHP Prime in FY16
\* All medical, prescription drug, and mental health copays and deductibles apply to the out-of-pocket maximum

Non-Medicare – Self Insured Plans
Gray Column represents current FY15 design. White Column represents FY16 design.

	Harvard Pilgrim	Harvard Pilgrim	Harvard Pilgrim	retwelled filled in				
Health Plan	FY15	(回答) FY16	FY15	FY16	FY15	(ROS) <b>FV (</b> 0	- 1116 agilli	
Deductible								
Individual/Family	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900	\$250/\$750	\$300/\$900
PCP Office Visit (deductible does NOT apply)	uctible does NOT ap	ply)			Tana ang ana ang ang ang ang ang ang ang	Amelia,	Andreas de la companya del companya del companya de la companya de	
Tier 1	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Specialist Office Visit (deductible does NOT apply)	t (deductible does N	OT apply)		Harmonia de la Companya de la Compan				
Tier 1	\$20 per visit	\$30 per visit	\$20 per visit	\$30 per visit	\$25 per visit	\$30 per visit	\$25 per visit	\$30 per visit
Tier 2	\$35/per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit
Tier 3	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit	⇒ \$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit
ER (copay and deductible apply)	ctible apply)							
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	≈ \$100 copay >>	\$100 copay	\$100 copav	\$100 copay
Retail Clinic (deductible does NOT apply)	ble does NOT apply							
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Inpatient Hospital Care (copay and deductible apply)	ire (copay and deduc	ctible apply)						
lier 1	.\$250 per	\$275 per	\$250 per	\$275 per	: \$300 per	\$275 per	\$300 per	\$300 per
<del>!</del>	admission	admission	admission	admission	admission	admission	admission	admission
Her 2	\$500 per	\$500 per	\$500 per_	\$500 per	\$700.per	\$500 per	\$700 per	\$700 per
Tier 3	aumission	admission	admission.	admission	admission	admission	admission	admission
	admission	admission	No tier 3	No tier 3	No/ter/3	\$1,500 per admission	No.tier3	No tier 3
Outpatient Surgery (copay and deductible apply)	copay and deductibl	e apply)						
	\$150 per	\$250 per	\$150 per	\$250 per	\$150 per	\$250 per	\$150 per	\$250 per
Tier -	occurrence	occurrence	occurrence	occurrence	occurrence	occurrence	оссипенсе	odcurrence
Tier 2	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering	No tiering
Her 3	Notiering	No tiering	No tiering	No tiering	No tiering -	No tiering	No tiering	No tiering
HI Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (copay and deductible apply)	I, PT, CT scans) Max	cimum of one copay	per day (copay and	deductible apply				
	\$100 copay	\$100 copay	\$100 copay-	\$100 copay	\$100 copay	\$100 copav	\$100 copav	\$100 conav
							4.00000	* : 00 00 coy

Overall	In-Network Out-		Preventive Services		Outpatient Ment	Tier 3	Tier 2	Tier 1	Pharmacy - Mai	Tier 3	Tier 2	Tier 1	Pharmacy - Ret	Health Plan		
\$5,000/.\$10,000*	In-Network Out-of-Pocket Maximum	100% Covered	ices	\$20 per visit	Outpatient Mental Health/Substance Abuse (deductible does NOT apply)	\$110	\$50	\$20	Pharmacy - Mail Order (deductible does NOT apply)	\$50	\$25	\$10	Pharmacy – Retail (deductible does NOT apply)	1 5/VE	Independence	Harvaro Pilorim
\$5,000/\$10.000**	A THE REAL PROPERTY OF THE PRO	100% Covered		\$20 per visit	se (deductible does	\$165	\$75	\$25	NOT apply)	\$65	\$30	\$10	apply)	(POS) (EVIE	Independence	
\$5,000/\$10,000*		100% Covered		\$20 per visit	s NOT apply)	\$110	\$50	\$20		\$50	\$25	\$10		-1119	Primary Choice	
\$5,000/ \$10,000**		100% Covered	And the second s	\$20 per visit	The second secon	\$165	₩/S	\$25		\$65	\$30	\$10			Primary Choice	
\$5,000/\$10,000*		100% Covered	1885 187 1888 188 188 188 188 188 188 188 18	\$20 per visit		01.14	900	\$20		004	9100 9100	\$10	•		Tufts Navigator	
\$5,000/ \$10,000**		100% Covered		\$20 per visit		9100	9 - C	475 624	727	000	e eco	್ ಕ ರ	640			
\$5,000/ \$10,000*	7	100% Covered	1000 A	neta led 07¢	700	6	£140	<b>∌</b> 500	600	400	# E	€ 6 6	210			
\$10,000**	\$ 000	100/g Covered	4000/ Caucasad	\$20 001 VISIT	eon par vieit		9 1 1 1 1 1 1 1	\$75	825		905 05	\$30	\$10			

<sup>\*</sup>Out-of-pocket maximum applies to medical and mental health/substance abuse costs, but does not apply to prescription drug costs in FY15.

<sup>\*\*</sup> All medical, prescription drug, and mental health copays and deductibles apply to the out-of-pocket maximum

Non-Medicare – Self Insured Plans
Gray Column represents current FY15 design. White Column represents FY16 design

Health Plan Deductible Individual/Family	\$250/\$750 \$300/\$900	<b>5300/\$900</b>	<b>\$250/\$</b> 750	\$300/\$900	\$250/\$750
PCP Office Visit (dedu	PCP Office Visit (deductible does NOT apply)	\$300/\$900	\$20U\$F00	\$300/\$900 <u>1</u>	2014/JUC74/S
Tier 1	\$20 per visit	\$20 per visit	\$15/\$20 per visit	\$15/\$20 per visit	\$20 per visit
Tier 2	No tiering	No tiering	No tiering	No tiering	. No tiering
Tier 3	No tiering	No tiering	No tiering	No tiering	No tiering
Specialist Office Visit	Specialist Office Visit (deductible does NOT apply)	-			
Tier 1	\$25 per visit	\$30 per visit	\$25 per visit	\$30 per visit	\$25 per visit
Tier 2	\$35 per visit	\$60 per visit	\$35 per visit	\$60 per visit	\$35 per visit
Tier 3	\$45 per visit	\$90 per visit	\$45 per visit	\$90 per visit	\$45 per visit
ER (copay and deductible apply)	ctible apply)	and the second s	A second		
	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Retail Clinic (deductible does NOT apply)	ble does NOT apply)	The same of the sa			
	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Inpatient Hospital Car	Inpatient Hospital Care (copay and deductible apply)	e apply)			
Tier 1	\$200 per admission	\$275 per admission	\$250 per admission	\$275 per admission	CC::\$250 per
Tier 2	No tiering	No tiering	\$500 per admission	\$500 per admission	Non-OO-\$750 her
Tier 3	No tiering	No tiering	\$750 per admission	\$1,500 per admission	admission, 20% coins.
Outpatient Surgery (c	Outpatient Surgery (copay and deductible apply)	ply)			
Tier 1	\$110 per occurrence	\$250 per occurrence	\$110 per occurrence	\$110 per occurrence	CC: \$110 per
Tier 2	No tiering	No tiering	\$110 per occurrence	\$110 per occurrence	
Tier 3	No tiering	No tiering	\$250 per occurrence	\$250 per occurrence	Non-CC: \$250 per
		m of one copay per d	lay (copay and deducti	ble apply)	admission, 20% coins
Hi Tech Imaging (MRI, PT, CT scans) Maximum of one copay per day (copay and deductible apply)	I, PI, CI Scans) Maximu				

Hoallin Plan	FY15	17/16				EΥ
Pharmacy - Retail (de	Pharmacy - Retail (deductible does NOT apply)	)				
Tier 1	\$10	\$10	\$10	\$10	\$10	\$10
Tier 2	\$25	\$30	\$25	\$30	\$25	\$30
Tier 3	\$50	\$65	\$50	\$65	\$50	\$65
Pharmacy – Mail Orde	Pharmacy - Mail Order (deductible does NOT apply	ipply)				
Tier 1	\$20	\$25	\$20	\$25	\$20	\$25
Tier 2	\$50	\$75	\$50	\$75	\$50	\$75
Tier 3	\$110	\$165	\$110	\$165	\$110	\$165
<b>Outpatient Mental Hea</b>	Outpatient Mental Health/Substance Abuse (deductible does NOT apply	ductible does NO	Tapply)			
To the state of th	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
Preventive Services						
MANAGEMENT OF THE PARTY OF THE	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered	100% Covered
In-Network Out-of-Pocket Maximum	ket Maximum					
Medical + Behavioral						
Health	\$5,000/\$10,000*	\$4,000/\$8,000	\$5,000/\$10,000*	\$4,000/\$8,000	\$5,000/\$10,000*	\$4,000/\$8
Prescription Drug	n/a	\$1,500/\$3,000	n/a	\$1,500/\$3,000	n/a	\$1,500/\$3,000
		n/a	n/a	n/a	n/a	n/a